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ABSTRACT

The paper describes a career education program for educable mentally retarded (EMR) high school students which was developed by Project PRICE (Programing Retarded in Career Education). Recent research relevant to the career education movement is reviewed. Career education is defined as preparation for all aspects of successful community living, its key concepts outlined, and the values of initiating such a program discussed. Three areas of change necessary to implement career education in the total school system (such as a shift from content-based to process-based curriculum) are suggested. Presented is a model program designed to develop 22 competencies in three primary curriculum areas of daily living skills (such as managing family finances), personal-social skills (such as obtaining a positive self-confidence, self-concept), and occupational guidance and preparation (such as occupational awareness and exploration). Academic instruction is considered as auxiliary to skill development. Personnel who should share responsibility with the special education teacher are identified, and ideas for implementing the model are discussed. The changing roles of special educators, regular school personnel, community personnel, and family in a career education curriculum are explicated and postsecondary services are recommended. An epilogue describes topics to be focused on in future Project PRICE working papers, such as career education materials for EMR students. (LC)

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PROGRAMMING RETARDED IN CAREER EDUCATION
(Project PRICE)

WORKING PAPER NO. 1

by

Donn E. Brolin

September 1974

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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P R E F A C E

The University of Missouri-Columbia was awarded a three-year U.S.O.E. Special Projects Grant on June 1, 1974, from the Bureau of Education for the Handicapped. Labeled "Project PRICE" (Programming Retarded in Career Education), the Project is designed to result in a methodology by which school systems can educate personnel to provide more relevant instruction and supportive services to educable mentally retarded students within a Career Education context.

Project PRICE has three major goals:

- (1) To develop an inservice/staff development model to educate regular and special education personnel to provide effective Career Education services to EMR students in K-12 programs;
- (2) To identify and develop appropriate types of techniques, materials, and experiences so that school personnel can work more effectively with EMR students in a Career Education context; and
- (3) To complete and disseminate the resulting inservice/staff development training program so that it can be utilized throughout the country by school systems desiring to adopt the Career Education approach.

Several Mid-western public school systems are participating in the project to obtain practitioner's input and to provide the opportunity to field test the Projects model, techniques, and materials.

Project PRICE is a response and challenge to those who believe traditional educational practices are failing to meet sufficiently the needs of many regular and special class students. Currently, close to a million students drop out of school every year, and many more remain but benefit little from the experience while developing poorer self-concepts, attitudes, learning and problem-solving skills. It is hoped that the activities and results of Project PRICE will contribute substantially toward remediating this situation and be of particular value to the lives and interests of the mentally retarded and their families.

This is the first of several working papers to be written and disseminated to professional workers interested in re-directing services and infusing change into educational programs for educable mentally retarded students. While the

focus of this particular working paper is primarily on high school programming for EMR students, it has relevance for all levels of educational offerings and for all individuals. The Career Education curriculum model presented later in the paper reflects our current concept of what should constitute Career Education at the secondary level and forms the foundation upon which Project PRICE will be designed. No doubt many modifications of our position and concept will be forthcoming as the project evolves, and we gain further experiences and input from practitioners, parents, and others.

We welcome any comments and suggestions from readers of this document who are interested in assisting our efforts to devise ways school personnel can participate and work more effectively with EMR students in Career Education programming. Let us work together to achieve this end.

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Donn Brolin
Project Director

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Cooperating Schools

Ames, Iowa, Public Schools
Flat River, Mo., Public Schools
Milwaukee Public Schools

Minneapolis Public Schools
Montgomery City, Mo., Public Schools
Olathe, Kansas, Public Schools

I.

INTRODUCTION

The initiation of work-study programs at the secondary level in the 1960's was a boon toward better meeting the needs of educable mentally retarded (EMR) students. However, despite the rapid increase in special services and professional workers for the mentally retarded in the last decade, considerable disenchantment with the quality and direction of these services has been voiced in the 1970's.

Recent research on the community adjustment of former EMR students (Tobias, 1970; Brolin, 1972; Brolin, Durand, Kromer, & Muller, 1974) seems to support the present concerns many have about educational services to these individuals. In criticizing his own field's inability to develop appropriate education for handicapped students, Edwin Martin (1972), Acting Deputy Commissioner of the U.S. Office of Education's Bureau of Education for the Handicapped (BEH), predicted that only 21 percent of handicapped students leaving the school system during the period 1972-1976 will secure adequate employment. He predicted about 40 percent will become underemployed, 26 percent will become essentially unemployed, 10 percent will work in a sheltered setting or stay at home, and the remaining 3 percent will become totally dependent.

At a National Conference on Career Education for the Handicapped, Martin (1973) advocated redefining our basic instructional services and offer more employment-directed vocational programs. This opinion has been supported by former U.S.O.E. Commissioner Sidney Marland (1971), who strongly advocated emphasizing Career Education in school programs, because of the lack of relevance present curricula have for a great majority of youth, including handicapped and deprived individuals.

Support for the appropriateness of educational programs becoming more occupationally oriented has been demonstrated in several studies which indicate that former EMR students will have a relatively good employment adjustment if provided with more occupationally oriented preparation (e.g., Strickland, 1967; Kidd, et.al., 1967; Kokaska, 1968; Chaffin, et.al., 1971; and Halpern, 1972). Although the study by Brolin, Durand, Kromer, and Muller (1974) found a

relatively high incidence of poor vocational adjustment in a metropolitan area, when the former students were divided into those who had received primarily academic studies, and those who had received a work experience-oriented program, the latter group had a significantly better overall degree of vocational adjustment.

Vocational adjustment research has also indicated the importance of personal-social and daily living skills as significant determiners of vocational success. Studies such as those by Sali and Amir (1971), Kolstoe (1961), Brolin and Wright (1971), Burger, Collins, and Doherty (1970), Beedy (1971), and Stephens and Peck (1968) have clearly indicated the importance of personality characteristics, social skills, and management of daily living affairs as crucial to vocational and community adjustment.

Research conducted on the educational needs of EMR students (Brolin and Thomas, 1972; Brolin, 1973) found that special education teachers felt occupational preparation to be the most important subject for these individuals to receive in high school programs although personal-social and daily living skills were also felt to be extremely important to receive. More attention was recommended to the occupational area and less on academic instruction except as it pertained to the student's social and vocational functioning. In this study, the special education teachers also felt that more involvement by other school personnel was necessary to better meet the needs of the special education student. This was especially recommended in the development of personal care, home management, social interaction, manual, home mechanics, mobility, and occupational skills. They also felt other school personnel should assume more responsibility for the retarded student's psycho-social and academic preparation, in evaluating their academic abilities, and in working with the student's parents.

With the current pressure to educate most EMR students in regular classrooms, considerable debate exists as to whether in practice such a move can really be carried out. Questions regarding the regular classroom teachers, counselors, and administrative personnel's receptivity and skills to work with these students have been posed. MacMillan (1973) questioned whether, with larger class sizes in regular classes, students can receive the needed individual attention, and whether these teachers have the skills to meet the learning needs of such students. As Taylor (1973) recommended, professional preparation of regular school personnel is needed, but before a special education student is placed into any

class, the education, attitudes and values of the teacher should be carefully and precisely delineated.

My position is that it is unlikely we can expect to integrate most EMR students satisfactorily unless regular school personnel (teachers, counselors, administrators) have positive attitudes and appropriate education to meet their educational needs. I agree with Clark (1974) who warns against mainstreaming handicapped youngsters if the progress that has resulted from special education in the past several years will be lost, and such students will regress.

The emerging Career Education movement, stimulated by former USOE Commissioner Marland, is becoming recognized as a viable educational concept by many regular and special education personnel. Some of the key issues that have been promulgated are: mainstreaming handicapped youngsters, re-educating of teachers to understand and implement Career Education, teacher attitudes toward Career Education, and the importance of special and vocational educators working together. As USOE Commissioner John Ottina (1974, p. 6) recently wrote, "All of us want to see that as many handicapped children as possible be educated in the same classroom as their non-handicapped peers. This integration will not happen, however, if regular classroom teachers are not willing or able to deal with the handicapped children who may be put in their charge."

At a time when handicapped students are being placed back into the educational mainstream, it is important that their needs are considered within the Career Education context along with the rest of the school population. Basically, the educational needs of adolescent EMR students are not that different from those of any other adolescents. However, the emphasis given in the educational program will need to be somewhat different so that they will be able to attain those important competencies they need for successful assimilation into society.

The Career Education approach can be an excellent vehicle to meet the needs of handicapped students and can serve as a means of accommodating them into the ongoing educational progress. It seems imperative, therefore, that we consider educating current school personnel to better meet the needs of these students as the Career Education movement affects the total school program. As indicated so appropriately in a letter of support to Project PRICE from the Iowa Department of Public Instruction, Special Needs Section (Kroloff, Morley, & Walter, 1973), "We have found that in many instances, professionals in Career Education programs have not been oriented toward what to expect from handicapped

youth but would be willing to help these youth if they had some sort of support about 'what to do, when to do it, and how to do it'."

II.

CAREER EDUCATION

At the present time, no universally acceptable definition of Career Education has been promulgated. Too many people, unfortunately, tend to equate Career Education and vocational education. I believe, as does Gordon (1973), that "career" should connote one's role not just as a producer but as a learner, consumer, citizen, family member, and social-political human being. Therefore, Career Education should be conceptualized and defined as follows:

Career Education is all of education--systematically coordinating all school, family and community components together to facilitate each individual's potential for economic, social, and personal fulfillment.

Thus, unlike the interpretation of many professional workers who believe that Career Education should mean preparation primarily for work, I believe Career Education should mean preparation for all aspects of successful community living, including working.

Career Education is designed to facilitate each individual's "life career development" where: life connotes all aspects of a person's growth and development over lifetime; career connotes many settings--home, school, occupation, community; many roles--student, worker, consumer, citizen, family member; and events such as job entry, marriage, retirement; and development connotes people are continually changing and becoming (Gysbers and Moore, 1973). Career Education should be, as Hansen, Klaurens, and Tennyson (1973) point out, the teaching, counseling, and community interventions which facilitate the total life career development process.

Key Concepts

Career Education is not really a new term for old ways and will not be just another fad. Its conceptualization challenges us and all educational systems to develop better and more systematic K-adult programming so that the needs of all students can be sufficiently met. Several key concepts that must be incorporated into an educational program for a Career Education approach to be implemented (Moore and Gysbers, 1972; Mangum, 1973):

1. Career Education should extend from early childhood through the retirement years;
2. Learning should take place in the home, community, and business establishments as well as in the school;
3. All teachers should relate their subject to career implications;
4. Career Education should include basic education, citizenship, family responsibility and other important education objectives;
5. Career awareness, exploration, guidance, and skills development should be stressed at all levels and ages;
6. Occupational preparation is an important objective of all education;
7. "Hands-on" occupational activities will often facilitate learning academic subjects;
8. All members of the school community have a shared responsibility for Career Education;
9. The school atmosphere should be democratically, rather than autocratically oriented; and
10. Schools should assume responsibility for every individual's life career development, even after leaving the school environment.

Values of a Career Education Program

Some of the major positive changes that should occur if schools incorporate the above principles into their programs for EMR students are:

1. School administrators and curriculum specialists will become more involved with EMR students, better understand their needs, and consequently be able to design more relevant programming for them.
2. Classroom teachers will become more involved with EMR students, better understand their needs and how to work with them, be more receptive to having EMR students in their classrooms, and provide more relevant academic and daily living skills instruction.
3. School counselors will become involved in helping to meet the personal-social and occupational guidance needs of EMR students, both directly and indirectly in collaboration with the special education teacher.

4. Special education teachers will no longer have to meet EMR students needs almost exclusively; there will be interdisciplinary cooperation among school personnel, and there will be time to focus on the more pressing needs of their students as regular class and community personnel assume more responsibilities.

5. Community workers will become more involved in educational programming, bring realism into the curriculum, and better understand and appreciate the complex problems of educational systems and handicapped youth.

6. Parents of EMR students will become more involved with the appropriate guidance and education of their children, give input and feedback data to school personnel, and assume responsibility with the school in their child's career development.

7. EMR students will be the greatest recipients of the interdisciplinary cooperation between the above groups. Some of the major benefits they will gain are:

- . Integration into the total school educational program resulting in more "normal" social, academic, and occupational experiences with regular students;

- . Preparation for meeting the stringent personal, social, and occupational demands of today's society;

- . Motivation to learn academic materials;

- . Awareness about themselves and their potentialities; and

- . Feelings of self-worth, dignity, confidence, happiness, and the ability to make judicious decisions about their future life in becoming valuable and contributing members of society.

The above list of outcomes does not mean to imply EMR students are not attaining any of them now; or that other school personnel are not involved. But Career Education processes will assure that there is direct attention on the total life career development needs of all youth as they progress through the educational system. In the process, academic instruction should be enhanced by involving many disciplines in cooperative relationships among school, family, and community.

If an individual school system does not adopt the Career Education approach for EMR students, then special education personnel will need to design an effective model of services involving other school personnel, parents, and community.

In this case, the special education teachers must direct their efforts toward the greatest priority need areas to meet the objectives for EMR students. The responsibility for offering adequate educational services to EMR students will most likely rest on the shoulders of special educators who themselves must make major directional changes in delivering educational services and designing the right kind of experiences to meet each student's unique needs.

Implementing a Career Education curriculum will better assure students of developing the necessary life career competencies, attitudes and values one needs to be successful in today's society. This approach will provide the humanistic and relevant components our programs have been lacking far too long so that graduating students will indeed function as consumers, producers, learners, and citizens.

Implementing Career Education

Implementing Career Education means selling change, and many individuals and school systems may be resistive. As the saying goes, everyone is for change unless they have to do it. But if Career Education is to be implemented, several changes must be initiated:

1. The total curriculum will need to be sequenced definitively and logically, elementary to post-secondary (K-adult). Career Education must have the active cooperation of both school and non-school personnel. Elementary and secondary level personnel must coordinate their efforts to provide sequentially for each student's life career development.

2. There must be a shift from the traditional content-based curriculum to one which is more process-based. Gysbers and Moore (1972) cautioned against viewing students as having to be brought up to a grade level by the end of the school year at all costs thereby creating passive-dependent students who may be apathetic, irresponsible, or rebellious. A process-oriented approach, relating curriculum directly to the outside world, and focusing on each student's unique ways of learning and becoming motivated, is recommended as more appropriate. In process education, primary emphasis is on developing skills, whereas acquiring knowledge and information (content) is secondary. In curriculum development and lesson planning, the key question is "What skills (competencies) are essential to the individual in order to make him a more effective person?" In process education, the content of the curriculum is selected for its utility in facili-

tating and exercising those skills. The skills are the goals with curriculum, the vehicle by which the goal of skill development may be realized (Cole, 1972). Thus, competency-based curriculum should be designed to assure that each student acquires competencies deemed essential to function adequately as a consumer, a producer, a learner, and a citizen (Parnell, 1973). Some EMR students may have to go beyond the traditional period of time allotted in a secondary program or to an appropriately designated post-secondary program, fixing the responsibility on the educational system to assure that students will acquire competencies deemed essential for community living.

3. The curriculum should traverse five components (Mangum, 1973, p. 131):

- a. Home, neighborhood, and community involvement for initial attitudes and concepts.
- b. School learning elucidated in terms of its career application.
- c. Career development experiences for occupational exposures, work ethics and values, career exploration.
- d. Training, employing, and labor organizations exposure.
- e. Job skills, whether learned in the classroom and/or on-the-job.

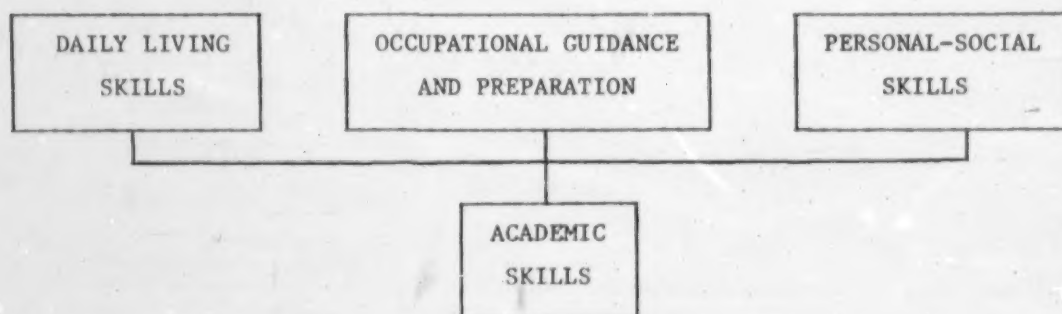
It is important to differentiate between the terms "curriculum" and "instruction." Curriculum's role is to guide instruction but not prescribe the means, i.e., activities, materials, or instructional content (Bailey and Stadt, 1973). Instead, curriculum should provide objectives that will lead to the attainment of a wide range of life career development competencies.

III.

PROGRAMMING RETARDED IN CAREER EDUCATION

Based on the research reported from Section I and other sources and experiences, I propose that a secondary-level Career Education Curriculum for EMR students should emphasize three primary curriculum areas and one support area to best meet the life career development needs of these individuals. These three curriculum areas are: (1) Daily Living Skills, (2) Occupational Guidance and Preparation, and (3) Personal-Social Skills. A fourth curriculum area that should be considered supportive to the other three is Academic Skills. The curriculum areas are depicted in Figure 1.

Figure 1. Curriculum Areas of Proposed
Career Education Program



Based on previous research that I have conducted (Brolin and Thomas, 1971, 1972; Brolin, 1973a, Brolin, 1973b) and input from several other studies and professional opinions, twenty-two competencies are recommended as most important for EMR students to acquire before leaving the secondary program. Each can be classified under one of the three primary curriculum areas and should constitute the basic objectives of programs at this level. Discussions of each curriculum area and their competencies are presented in the following section.

Curriculum Areas and Competencies

Daily Living Skills

Almost all EMR students have the potential for becoming independent or semi-

independent citizens. Most will become home managers or homemakers; many will marry and raise families. Most former EMR students or their spouses will probably not make large salaries; thus, it is crucial that they learn how to manage a home, family, and finances. The competencies deemed most important for EMR students to attain in this curriculum area are:

(1) Managing FAMILY FINANCES. It is particularly important for retarded individuals to learn how to manage their money. This would include the use and value of simple financial records, knowing how to obtain and use bank and credit facilities, and planning for wise expenditures. Computational skills in figuring a checkbook and budget are necessary for students who have the potential for learning these procedures.

(2) Caring and repairing HOME FURNISHING AND EQUIPMENT. Students must learn how to care properly for a home, its furnishings and equipment, particularly since such equipment is expensive to purchase and repair. Repair of appliances, broken furniture, electrical plugs, plumbing, etc. should be given a significant amount of stress in curricular efforts. It is doubtful that the former student will have extra cash readily available to have such repairs made.

(3) Taking care of one's PERSONAL NEEDS. Grooming and hygiene methods, sex education, and physical fitness are examples of knowledge one must have to take care of personal, bodily needs. Retarded persons often lack competency in all of these areas thus adding to their problems of acceptance and adjustment to society.

(4) Raising CHILDREN AND FAMILY LIVING. Students will have to understand the components of effective family living: setting goals and making decisions, choosing life styles, managing available resources, expanding and controlling family size, providing for needs of children and adults, and ensuring the safety and health of all family members. Also of importance is the understanding of childhood, adolescent, and sexual experiences.

(5) Buying, planning, and preparing FOOD. A great majority of children in low-income families grow up with significant nutritional deficiencies. Training in planning proper meals, purchasing, caring and storing, and preparing the proper types of meals will be extremely valuable to the EMR student. Learning how to work safely in the kitchen, including the proper use and care of knives and other equipment including stoves, should be stressed.

(6) Selecting, buying, and making CLOTHING. Learning how to purchase appropriate clothing, cleaning and pressing apparel, and repairing clothing should be included in the student's training. Another area of importance is constructing garments and other textile projects such as drapes, wall hangings, weaving, etc.

(7) Engaging in CIVIC ACTIVITIES. To become a contributing member of the community, the retarded student must learn about the laws of the United States, what rights one has, how to register and vote, citizen responsibilities, state and local laws, customs, and other such matters.

(8) Utilizing RECREATION AND LEISURE TIME. Presently, in our country we are moving toward shorter work weeks while employment is becoming more difficult to obtain. Therefore, it becomes crucial that knowledge of possible leisure activities, values, and resources be made available to EMR students. Such activities can also be valuable in building personal friendships, motor skills, self-confidence, social skills, and other competencies so vitally needed by these students.

(9) Getting around the community (MOBILITY). The student must become familiar with and utilize inter and intra-city travel resources, drive a car, learn the traffic laws and agencies that can aid in mobility needs. In this mobile society, it is paramount that one is able to get around efficiently in his work, leisure, and civic pursuits.

Personal-Social Skills

Research continually reveals that a major problem the retarded present in maintaining their employment is the lack of personal and interpersonal skills. Personal-social growth must be lodged in the regular school curriculum. Emphasis on developing independence, self-confidence, socially acceptable behaviors, and the maintenance of personal friendships are critical skills for the retarded to learn if they are to adjust satisfactorily in the community. Thus, the primary competencies that should be learned in this curriculum area are:

(10) Attaining a sufficient understanding of one's own self (SELF-AWARENESS AND APPRAISAL). EMR students, like everyone else, must learn to understand, accept and respect their own uniqueness as individuals. They must gain an understanding of their abilities, values, aspirations, and interests and how they can be incorporated into a life style that will be meaningful and fruitful to them.

Learning who they are and what they can do with their life is an important precursor to each of the subsequent competencies needed for societal assimilation.

(11) Obtaining a positive SELF-CONFIDENCE, SELF-CONCEPT. Retarded persons are often the subject of cruel and inhumane ridicule and rejection. They are frequently made to feel different, incompetent, and unwanted, resulting in the incorporation of degrading feelings and attitudes about themselves. Thus, it is necessary that such students receive an environment which gives them positive reinforcement, motivation, and appropriate conditions for learning and behaving. Unless these feelings are overcome, and they can experience success related to community experiences, these students will most likely fail miserably at community living. This is a time of great change and personal confusion for youth, and they need to explore extensively their roles as individuals in this society.

(12) Desiring and achieving SOCIALLY RESPONSIVE BEHAVIOR. The inability of the retarded person to understand modes of social etiquette and appropriate social behaviors have limited their ability to interact with so called "normals". Understanding the characteristics of others, how to react in various situations, how to form and maintain social relationships, dating, eating out, etc. are examples of coping behaviors retarded persons are going to have to learn to deal effectively with their environment.

(13) Choosing, developing, and maintaining appropriate INTERPERSONAL RELATIONSHIPS. Learning to get along with people is one of the greatest problems all of us face. In too many instances, research has demonstrated this to be a prime reason the retarded lose jobs. Another problem they encounter is having an appropriate circle of friends to associate with in their recreational and leisure time. Too often a successfully working retarded person goes home from work with nothing to do, has few or no acquaintances, and has little prospect or knowledge of how to develop meaningful friendships.

(14) Achieving INDEPENDENT FUNCTIONING. Because of the nature of their limited experiences, parental overprotection, self-contained education, rejection from others, and many other reasons, retarded persons often become too dependent on their parents and other significant persons. As children, they may be subjected to a fostered dependence, but later on, that posture deters their development into an independent individual who can stand on his own two feet. Concentrated efforts to develop independence must be made. Working closely with their parents, retarded students must learn to do things by themselves. They must

learn to accept responsibilities for their own actions, e.g., getting about the community, choosing friends, getting to school on time, deciding what to wear, etc.

(15) Making good DECISIONS, PROBLEM-SOLVING. Throughout the developmental years, decisions have been made for the retarded person by most significant persons in their lives. Seldom is the retarded person asked or included in decisions about his present and future; no one seems to think he can make any decisions logically despite the fact that in later life there often will not be family and others around to make them for him. Like anyone else, the EMR student must learn what constitutes a good decision, the steps involved, and the many factors entailed in decision-making.

(16) COMMUNICATING appropriately with others. The retarded person must have the necessary communication skills to express himself and to understand others so that he can interact both verbally and nonverbally with them. The ability to make one's thoughts understood is extremely important, and another area that the retarded individual often finds difficult.

Occupational Guidance and Preparation

Research evidence reveals most EMR students do not attain their true potentials in the labor market. Most are relegated to unskilled, low-paying jobs, and become marginal workers. If these students are to achieve nearer to their potentials, they will need to become more aware of job possibilities, develop the necessary skills, be provided with several and varied work experiences, and learn to make logical and viable job choices as they move through the educational system. Thus, earlier educational efforts must be initiated in the areas of occupational awareness and counseling, work evaluation, work adjustment, vocational education and training, job tryouts, and job placement and follow-up. The competencies deemed important for EMR students to attain in this curriculum area are:

(17) Knowing about and exploring occupational possibilities (OCCUPATIONAL AWARENESS AND EXPLORATION). In almost every instance, retarded individuals have an extremely limited perspective of the world of work, lacking both relevant information and experience. Field trips, community speakers, summer work experiences, state employment service, films, and literature must be made available in a concentrated fashion.

(18) Selecting and planning appropriate OCCUPATIONAL CHOICE(S). Retarded students must become aware of their specific abilities, interests, and needs, and how they relate to their future life work. Concentrated and periodic vocational evaluation and guidance are needed so that these students are presented with sufficient information about themselves and occupational possibilities so that they can make logical decisions about their future.

(19) Exhibiting the necessary work habits required in the competitive labor market (WORK BEHAVIORS). It will be necessary for educational programs to simulate working environments in the school setting besides those available in the community in order that appropriate work behaviors can be learned. Too many retarded students possess a false conception of the characteristics of a good worker and do not develop the type of skills needed for entry-level jobs.

(20) Developing the necessary manual skills and physical tolerances required in the competitive labor market (PHYSICAL-MANUAL SKILLS). Schools must begin developing the retarded student's physical and manual abilities immediately upon beginning the elementary program. Most jobs available for retarded persons will require considerable fine or gross finger dexterity, standing, pulling, pushing, lifting, and carrying abilities. Thus, it is important that retarded persons, whose abilities are generally greatest in this particular area, if given proper time and training, be assured of sufficient development of these skills.

(21) Obtaining a specific and saleable entry level OCCUPATIONAL SKILL. Probably more than any other type of student that graduates from secondary programs, the retarded must have a saleable skill if they are to compete in today's competitive job market. Learning a specific job skill will not pigeon-hole students for life and will not disqualify them later for other work or training in another trade. Vocational education and on-the-job training while attending the secondary program are crucial to the student's ultimate level of vocational attainment.

(22) Seeking, securing, and maintaining jobs appropriate to level of abilities, interests, and needs (JOB ADJUSTMENT). One of the greatest problems former students are facing is not knowing how to find, apply, and maintain employment. These students must learn the strategies in securing employment and the resources available to help them when they need this kind of assistance, e.g., state employment service, vocational rehabilitation, social services, rehabilitation facilities, want ads, etc.

Table 1. A COMPETENCY-BASED CAREER SPECIAL
EDUCATION CURRICULUM MODEL FOR EMR STUDENTS

Grades 10-12

Curriculum Area and Competency (Primary Responsibility: Special Education Teacher)	Other Relevant Personnel*
<u>DAILY LIVING SKILLS</u>	
1. Managing Family Finances	Home Economics
2. Caring for Home Furnishing and Equipment	Home Economics/Ind. Ed.
3. Caring for Personal Needs	Home Economics
4. Raising Children, Family Living	Home Economics
5. Buying and Preparing Food	Home Economics
6. Buying and Making Clothing	Home Economics
7. Engaging in Civic Activities	Social Studies
8. Utilizing Recreation and Leisure	Physical Education
9. Mobility in the Community	Driver's Education
<u>PERSONAL-SOCIAL SKILLS</u>	
10. Achieving Self-Awareness	School Counselor/Teacher
11. Acquiring Self-Confidence	School Counselor/Teacher
12. Achieving Socially Responsive Behavior	School Counselor/Teacher
13. Maintaining Good Interpersonal Skills	School Counselor/Teacher
14. Achieving Independence	School Counselor/Teacher
15. Making Good Decisions, Problem-Solving	School Counselor/Teacher
16. Communicating Adequately With Others	School Counselor/Teacher
<u>OCCUPATIONAL GUIDANCE & PREPARATION</u>	
17. Knowing & Exploring Occupational Possibilities	School Counselor
18. Making Appropriate Occupational Decisions	School Counselor
19. Exhibiting Appropriate Work Behaviors	Vocational Ed./Employer
20. Exhibiting Sufficient Physical & Manual Skills	Regular Teachers
21. Acquiring a Specific Saleable Job Skill	Vocational Ed./Employer
22. Seeking, Securing, and Maintaining Satisfactory Employment	Employer

*Parents and other community personnel should also be included in competency attainment wherever possible.

Implementation of the Curriculum Model

Table 1 lists the three curriculum areas and corresponding competencies that are recommended for high school programs and identifies those personnel who ideally should share responsibility with the special education teacher for their development. In the proposed curriculum, variations in competency focus are needed for each student according to his competency level and attainment. For example, a student who has acquired a satisfactory level for most competencies early in the secondary program will be able to be scheduled into other classes and gain additional field experiences if desirable.

It is recommended that academic studies be taught primarily in conjunction with the student's need for such instruction in acquiring each competency. Some schools might offer career development instruction and experiences in Daily Living Skills and Personal-Social Skills in the morning, leaving the afternoon available for Occupational Guidance and Preparation activities in school or community facilities. Some schools may prefer to reverse the suggested order for their convenience.

Students should be placed in the regular classes which offer the best method of competency attainment. The special education teacher must make this judgement as he/she directs and coordinates each student's individualized program. The special education teacher should assume any of the above duties when some or all of the students fail to receive the needed services from the designated other personnel listed in Table 1. The teacher should spend a considerable amount of time monitoring each student's progress toward competency attainment.

The family, as well as community and school personnel, should be intimately involved in all aspects of competency development and contribute according to their ability and inclination. It is recommended that each Daily Living and Personal-Social competency be sequentially divided into five levels (one per semester) and that each level be attained before taking the next semester's work in that competency area. Those students failing to adequately demonstrate the attainment of the first twenty-one competencies should have their program extended before placement on a full time relevant work experience their last semester in school. If the student is deemed unable to acquire a competency after all possible efforts and resources have been exhausted, it should be noted on his graduation records.

Each of the competencies can be divided into sub-competencies, activities,

and materials that should be used by each teacher and counselor in helping students attain each competency. Each student's competency attainment and progress should be noted systematically at the beginning of each fall semester, and at the end of each semester, for all competencies. It is recommended that each program maintain "Competency Attainment" records so the student's present level and curriculum needs are kept current.

The proposed competency-orientation does not mean to imply that nothing else should be offered to secondary EMR students. Many of the traditional courses could and should be taught as long as methodologies are infused to assure students of acquiring the twenty-two life career development competencies in the process. Much of the foundation from which these competencies are built must begin during the elementary years and transcend through the secondary levels until each competency is satisfactorily acquired.

IV.

CHANGING ROLES OF SCHOOL AND OTHER PERSONNEL

Implementing a Career Education Program has several implications for re-directing the traditional roles of various school personnel, community personnel, and the family and re-designing post-secondary programs. Each is discussed below.

Role of Special Educators

This proposal advocates a definite changing role for the special education teacher at the secondary level. The teacher will become more of a teacher-advisor or coordinator of services, integrating the contributions that the school, community and home can make in meeting each student's life career development needs. The teacher will provide instruction when it cannot be provided appropriately in regular classes or by other personnel. Integration should be clearly adhered to, but only if there are assurances students are benefiting and attaining competencies.

The special education teacher will need to advise others on how they can best work with each student, and then monitor progress. The special education teacher will have to assume the ultimate responsibility of certifying that each and every student gains these competencies and is not "graduated" without them.

Role of Regular School Personnel

With program objectives clearly delineated and assistance from the special education teacher readily available, EMR students can be better assimilated into regular classes and programs. School counselors should be especially valuable in assisting in the Personal-Social and Occupational Guidance and Preparation areas. Vocational education teachers (home economics, business education, industrial education) should be especially helpful in certain Daily Living Skills and Occupational Preparation areas. Other classroom teachers will be able to contribute according to each individual's ability and readiness to take such courses as health, physical education, civics, and driver's education.

Role of Community Personnel

Professional workers from helping agencies such as the employment service, public health, vocational rehabilitation, rehabilitation facilities, and social services should be encouraged to provide consultation and direct assistance in their areas of expertise. Assistance should be provided both within and outside of the school setting.

Business and industrial people can take an important role in the Occupational Guidance and Preparation area. The public relations and realism components that these individuals inject into the curriculum can be highly stimulating and motivating to EMR students. Clergymen, bankers, politicians, firemen, policemen, medical personnel, and a host of other community workers can assist in the Daily Living Skills area.

Role of Family

No matter how good the curriculum and its services are, students can fail miserably if the family is not supportive. The family must believe the school is genuinely interested in their children, has designed a meaningful curriculum, and is sincerely interested in their input and assistance. Concentrated efforts will be needed to develop this relationship, and while the bulk of the work may rest with the special education teacher, school counselors and professional community workers will probably be willing to contribute.

Family members can contribute in all three primary curriculum areas with guidance from the teacher. The home is a fertile training ground for teaching Personal-Social, Daily Living and Occupational Skills but has been long neglected. If the family receives the proper guidance on how they can help, much of this learning and competency development may occur in the home. Family members should also be encouraged to visit the school and participate in class activities.

Post-Secondary Services

The recommended approach of "graduating" students only when they attain the twenty-two competencies or certifying which ones they have attained upon terminating their schooling has significant connotations for program operation. It extends the school's responsibility beyond the traditional number of years for

students who need a longer period of time to acquire these competencies. If other programs are sought and found to be appropriate for developing these competencies, then they should be used as long as the school remains responsible for seeing they are acquired.

It may be necessary for the school to set up specific post-secondary Career Education available to those students who need it. Post-secondary Career Education may include total, some, or no direct services from the school, depending on the student's needs and available resources to meet them.

Rehabilitation workshops may be the type of post-secondary Career Education that the more seriously handicapped students will need to utilize to attain the remaining competencies. These facilities may also be highly appropriate for some of the students while they are still in the secondary program, particularly in the Occupational Guidance and Preparation area. However, it is important for the school's responsibility and involvement to continue until the EMR student has acquired all of the necessary life career development competencies, even when other community services are being utilized. No one will ever know the EMR student as well as school personnel and particularly the special education teacher who must continue to give assisting agencies the necessary input to assure the student of attaining his highest potential level of career development. The educational system must also be ready to accommodate former students in later life for further Career Education if they so desire and could so benefit.

V.

SUMMARY

In this paper, the position has been taken that traditional educational approaches have not been effective enough for a large proportion of our students, including the mentally retarded. Career Education was recommended as a new point of departure for infusing change into our existing practices of educating retarded individuals. Career Education was defined, key concepts outlined and the values of initiating such a program discussed. It was emphasized that Career Education must be conceived as more than preparation for just work; it must be concerned with every individual's total life. Changes felt necessary to implement a Career Education program were outlined.

A secondary Career Education Program consisting of three primary curriculum areas was recommended: (1) Daily Living Skills, (2) Personal-Social Skills, and (3) Occupational Guidance and Preparation. Academic instruction was recommended as being needed primarily as it relates to developing student competencies in the three primary curriculum areas.

Twenty-two competencies were recommended as necessary for EMR students to acquire before being allowed to graduate from the secondary program. It was strongly suggested that students be certified for each competency acquired, and that their schooling be extended and/or appropriate post-school programs be assured before the student officially leaves the educational system's responsibility. Extended and more definite responsibility for student competency attainment was recommended for the special education teacher. The changing roles of special educators, regular school personnel, community personnel, and family in a Career Education curriculum were explicated.

The recommended curriculum means a radically new orientation for most regular and special education administrators and teachers, requiring their wholehearted endorsement, modification (where needed) and instructional ideas. It will require administrators and teachers to meet and work collectively and collaboratively together so a truly effective Career Education program for EMR students can be offered by school systems.

E P I L O G U E

Future activities of Project PRICE will be directed toward: (1) a study regarding which types of school personnel can best meet the Career Education needs of EMR students at the various academic grade levels, the kinds of competencies and experiences they need, and the types of materials and information needed for them to effectively understand and work with such students; (2) further development and refinement of the curriculum areas and competencies presented in this paper into a practical and researchable model; (3) division of the competencies into sub-competencies, behavioral objectives, suggested activities and materials (K-12); (4) student competency attainment evaluation procedures; and (5) development of an inservice training model from which special and regular class personnel can receive effective training to better accommodate EMR students in Career Education programs.

Working papers contemplated for the first project year will focus on these subjects:

1. Programming Retarded In Career Education.
2. Career Development Models and Concepts: Their Application to Educable Mentally Retarded.
3. Daily Living Skills Development for Educable Mentally Retarded Students.
4. Personal-Social Development for Educable Mentally Retarded Students.
5. Occupational Guidance and Preparation for Educable Mentally Retarded Students.
6. Preparing School Personnel for Accommodating Retarded In Career Education Programs: Results of a Study.
7. Career Education Materials for Educable Mentally Retarded Students.
8. School-Based Resources for Educable Mentally Retarded Students.
9. Community-Based Resources for Educable Mentally Retarded Students.
10. An Inservice Training Model for School Personnel in Better Serving the Career Education Needs of Educable Mentally Retarded Students.
11. Evaluating Educable Mentally Retarded Student's Competencies.

During the first project year, the PRICE staff will be working closely with the cooperating schools and training a cadre of inservice trainers, particularly administrators and special education personnel to achieve the project's objec-

tives. In the second project year, the inservice training program will be conducted and evaluated on teachers and counselors and the necessary modifications made. In the final project year, most activities will be directed toward disseminating the model and materials nationally so that they can be used by other school systems.

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